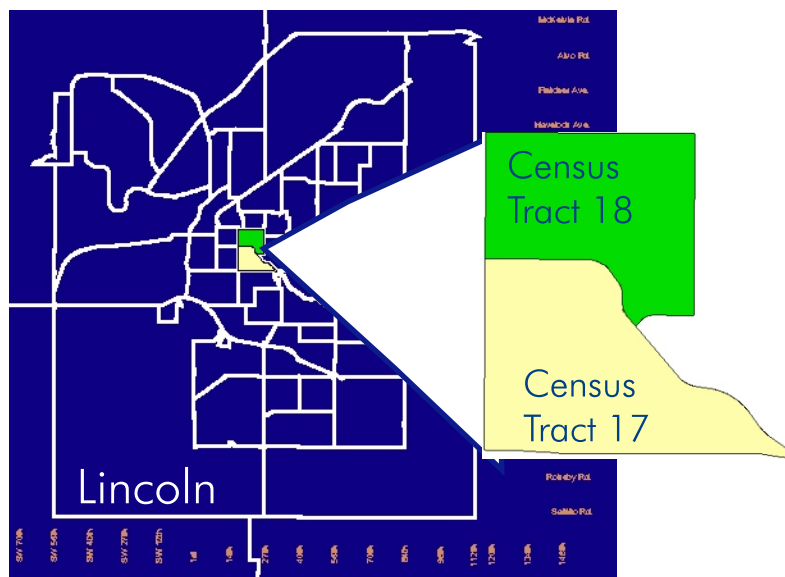


An
EVALUATION
and
SURVEY REPORT
of 1200 Men and Women Regarding
ACCESS
to Health Care and
BARRIERS
to Health Services.



Planning and Connecting (PAC)
Blueprint Project Coalition
(Released September 16, 2002)

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the Community Health Endowment of Lincoln.

An Evaluation and Survey Report of 1,200 Men and Women Regarding Access to Health Care and Barriers to Health Services

September, 2002

Prepared by
Lincoln-Lancaster County Health Department

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Planning and Connecting Coalition Members:

Aging Services

Asian Community & Cultural Center

CenterPointe

Clyde Malone Community Center

Community Health Partners Foundation

Community Mental Health Center

DayWatch

Hispanic Community Center

Indian Center, Inc.

Lincoln Action Program

Lincoln Council on Alcoholism & Drugs

**-African Multicultural Community
Center**

Lincoln-Lancaster County Health Dept.

National Association for the

Advancement of Colored People -

Lincoln Branch

New Americans Task Force

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Urban Indian Medical Center

Lincoln Interfaith Council

-Faces of the Middle East

Table of Contents

Background	1
Demographic Profile	1
Access To Health Care	3
Cultural Issues And Barriers To Health Care	5
(Health Care Cost, Customer Relations and Service, Language, Places of Health Care Access)	
Health Education And Health Information	7
(Services that would be used in the community)	

Figures and Tables

Figure 1: Gender Distribution Of The Survey Sample	1
Table 1: Respondents Living In The Household By Age Group	2
Table 2a: Household Income Before Tax	3
Table 2b: 2002 Federal Poverty Guidelines: 125% Of Poverty	3
Figure 2a: Access To Health Care	3
Figure 2b: Source Of Health Insurance	4
Figure 2c: Source Of Health Insurance Of The Family Member	4
Table 3a: Barriers In Accessing Health Services	5
Table 3b: Major Languages Spoken By The Respondents	5
Table 4: Respondents Who Need Translation Or Interpreter To Get Health Services	6
Table 5: Most Frequently Visited Place For Receiving Health Or Medical Service	6
Table 6: Did Not Know Where To Go For Service	7
Table 7: Services That Would Be Used By Respondents In Their Neighborhood	8
Table 8: Services That Would Be Used By Respondents In Their Neighborhood (By 125% Poverty Level)	8

Blue Print Project (Summary of statistical analysis)

Background

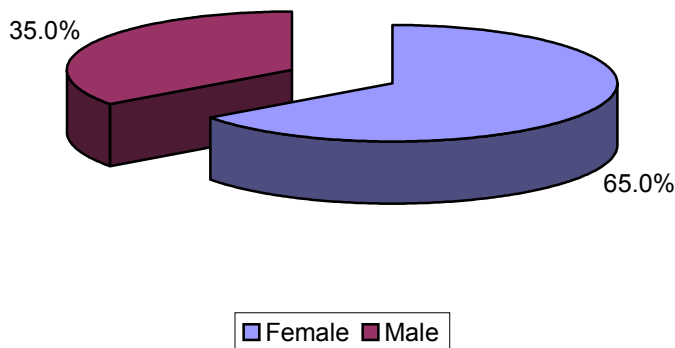
Healthy People 2010 for Lancaster County has been designed as a ten year dynamic community process to eliminate health disparities and to increase the quality and years of healthy life for all. Data collection on community health status and health need is considered one of the tools to develop strong mechanism for maintaining this dynamic process. To evaluate access to health care and barriers to health services, a sample of 1200 men and women were surveyed for the Blue Print Project.

Demographic Profile

Sixty five percent of the respondents were female and 35 percent were male (Figure 1)¹. Caucasians (Non Hispanic) were the majority of the respondents (27.6%) followed by Latino/Hispanics (18.3%), Asian/Pacific Islanders (16.1%), African Americans (11.8%), African Nations (9.5%) and American Indian (8.1%). Together racial and ethnic minorities constituted the major respondent group of the survey (72.8%).

Nearly half of the respondents were born outside of the U.S. They came from 50 countries across the world. Among them, 18 percent mentioned their country of origin was Vietnam, 16.4 & 16.2 percent mentioned Sudan and Mexico. Approximately 11 percent of these respondents were from Iraq and 8.3 percent from Afghanistan.

Figure:1 Gender Distribution of the Survey Sample



¹ The US Census Bureau defines racial and ethnic minorities a certain way for the purpose of statistical reporting. While these definitions pose some limitations, the report acknowledges specific racial and ethnic minorities that participated in focus groups and completed survey (i.e. Sudanese, Kurdish).

Mean age of the survey respondents was 36 years. Mean age for male and female was 38 years and 36 years respectively. Average number of people living in a household was 3.

Table 1 show Proportion of Respondents Living in Household by Age Group. Respondent's households were more frequently occupied by age group of 1-4 years (29.2 %) followed by people between 25-29 years (27.9 %) and 20- 24 years (27.7%). Number of children under 1 year and 5-9 years in households were 9.7 percent and 26.4 percent respectively. There were 16.3 percent of respondents who were 60 years of age or older. The households in the surveyed area indicated 1.8 percent of adults 80 years and older.

Table 1: Respondents Living in the Household in Each Age Group	
Age Group	Percent of people
Under 1	9.7%
1-4 year	29.2%
5-9 year	26.4%
10-14 year	21.1%
15-19 year	22.8%
20-24 year	27.7%
25-29 year	27.9%
30-34 year	27.0%
35-39 year	21.6%
40-44 year	16.9%
45-49 year	11.6%
50-54 year	10.0%
55-59 year	6.6%
60-64 year	4.0%
65-69 year	4.1%
70-74 year	3.9%
75-79 year	2.5%
80-84 year	1.2%
85+ year	0.6%

Table 2a shows Household Income Before Tax. Nearly one-third (34.9%) of the respondents had an annual income of less than \$10,000 followed by an income between \$10,000-\$14,999 (18.9%). Only 5 percent of respondents had an income over \$60,000.

Among respondents who reported residing only in census tract 17 or 18, 95.6 percent respondents of Latino/Hispanic origin resided in census tract 18 and 4.4 percent in census tract 17. Equal proportion (42.9%) of Asian/Pacific Islanders lived in census tract 17 and 18 and 14.3 percent lived in census tract 16. Highest proportion of American Indian (80%) and African American (89.5%) lived in census tract 17. Fifty six percent of the respondents in the survey did not indicate census tract number. In addition, 63.5 percent of all the respondents reported residing in zip codes (68502, 03, 06, 08, 10) that fall either in census tract 17 or 18. The remaining 36.5 percent did not live in 17 and 18 census tracts but appeared to have received services provided in the surveyed area.

Based on 2002 federal poverty guidelines (Table 2b), more than one-third (35.5%) respondents lived below 125% percent poverty level and 30.9 percent lived below 100% poverty level. Highest proportion of respondents of African Nation (87.4%) fell below 125% poverty level followed by

respondents of American Indian (62%), Latino/Hispanic (62%), Asian/Pacific Islander (30%), Caucasian (26.5%) and African American (23.6%).

Table 2a: Household Income Before Tax

Income Level	Percent of People
Less than \$10,000	34.9%
\$10,000-\$14,999	18.9%
\$15,000-\$19,999	9.1%
\$20,000-\$24,999	9.7%
\$25,000-\$29,000	5.8%
\$30,000-\$34,999	4.8%
\$35,000-\$39,999	3.1%
\$40,000-\$44,999	2.8%
\$45,000-\$49,999	2.2%
\$50,000-\$54,999	1.8%
\$55,000-\$59,999	1.8%
\$60,000+	4.9%

Table 2b: 202 Federal Poverty Guidelines: 125% of Poverty

Family Size	Income
1	\$11,075
2	\$14,925
3	\$18,775
4	\$22,625
5	\$26,475
6	\$30,325
7	\$34,175
8	\$38,025

** For Each Extra Person Add \$3,850*

Access to Health Care

Approximately 63 (62.7%) percent of the respondents reported that they had health insurance and 36 percent reported not to have any kind of health insurance (Figure 2a). Nearly thirty percent (29.1%) of the respondents had insurance through their employer, 22.8 percent through Medicaid and 9.5 percent through Medicare (Figure 2b).

Figure 2a: Access to Health Care

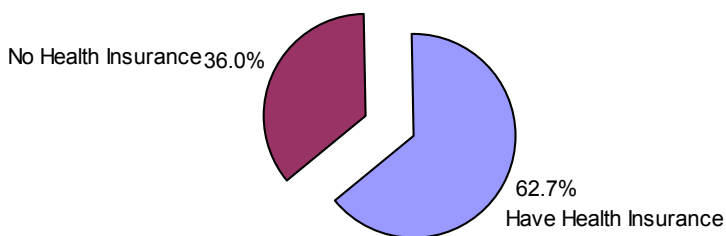
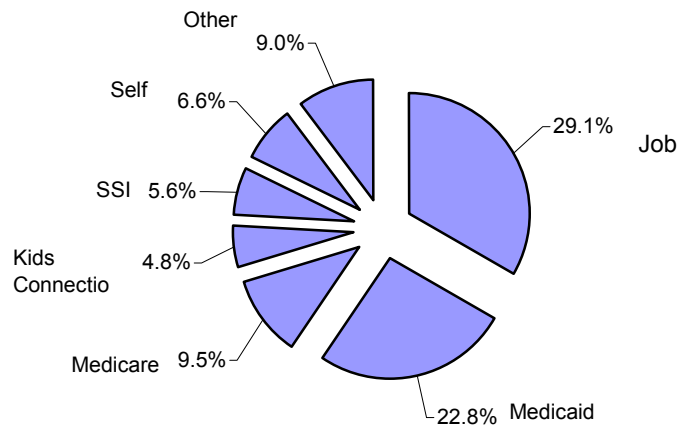


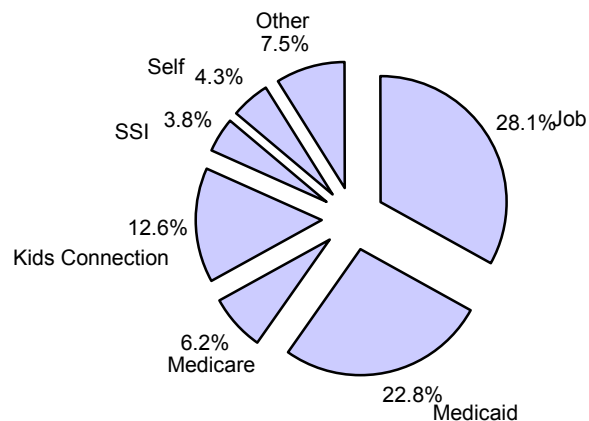
Figure 2b: Source of Health Insurance



Of those who reported having a health insurance, 56 percent had insurance that covered medical service and 41.7 percent had insurance that covered dental service.

The respondents indicated 56.7 percent of their family members had health insurance. More than one-fourth, 28.1 percent were insured by their employers. Medicaid covered 22.8 percent and Medicare covered 6.2 percent. Kids connection provided 12.6 percent of the insurance of family members (Figure 2c).

Figure 2c: Source of Health Insurance of The Family Member



Women (68 %) were more likely to have health insurance than men (51.5 %).

About 86.6 percent of Asian/Pacific Islander respondents reported having insurance compared to 78.1 percent of African American, 32.3 percent of Latino/Hispanic and 47.9 percent of American Indian respondents. Among white respondents, 67.5 percent reported having a health insurance. American Indians were the highest recipient of Medicaid service (38.9%) followed by Asian/Pacific Islander (29%). Only 19 percent of whites reported to have health care coverage through Medicaid.

All respondents (100 %) who earned \$50,000 or more per year had health insurance but 40 percent of the respondents who earned less than \$10,000 had no insurance. Of respondents who earned \$10,000 - \$14,999 and \$25,000 - \$29,000, 42 percent and 43 percent respectively, had no insurance.

Cultural Issues and Barriers to Health Care

Health Care Cost Issue

When asked if they were unable to receive any service in the past twelve months because of cost, 32.6 percent reported that they could not get medical services, 35.8 percent could not get dental insurance and 22.5 percent could not get mental health insurance. At the same time 32 percent reported they could not obtain medication, and 19.4 percent could not receive service related to substance abuse because of cost. Ethnicity wise, Latino/Hispanics were the highest proportion of respondents (46%) who did not receive medical service because of cost followed by respondents of African Nations (41.7%) and American Indian (34%). Furthermore, 50 percent respondents of African Nations and 44 percent of Latino/Hispanic respondents could not get dental service.

Customer Relations and Service

The survey showed 34 percent of the respondents experienced trouble getting medical or dental services. Compared to that, 26.6 percent and 22 percent reported trouble while getting mental health and substance abuse services in Lincoln. Nearly 31 percent had trouble in getting medication. About one-third of the respondents (32%) indicated that they had trouble because they could not afford services. At the same time over one-fifth (21.9%) reported they had trouble due to language problems, 16% had transportation problems and 18.3 percent reported difficulty in getting an appointment when needed (Table3a).

Table 3a: Barriers in Accessing Health Services	
Barriers	Percent
Could not afford services	32%
Had trouble due to language problems	21.9%
Had difficulty to get an appointment	18.3%
Transportation problems	16%
Health care staff not trusted	15%
Health care staff did not understand health needs	5%

Approximately 15 percent of the respondents thought they had trouble getting service because the health care staff was not trusted or they were too “scary” people to go to for any services. Only 5 percent felt the health care staff did not understand their health needs.

Language Issue

English was the primary language (46.2 %) among all respondents participating in the survey followed by Spanish (18.6 %), Vietnamese (10.3%), Arabic (6%) and other languages (19.2%) such as Kurdish, Farsi, and Sudanese (Table 3b).

Table 3b: Major Languages Spoken by the Respondents	
Language	Percent
English	46.2%
Spanish	18.6%
Vietnamese	10.3%
Arabic	6.0%
Other languages (Kurdish, Farsi, etc)	19.2%

Approximately 35 percent of all the respondents needed translation help or help of an interpreter while getting medical service. This was 31.7 percent for dental, 28.6 percent for mental, 26.4 percent for substance abuse and 29.4 percent for medication related services (Table 4). Almost three-fourths (74%) of all Latino/Hispanic respondents reported they needed translation or an interpreter to get medical service. Asian/Pacific Islanders were the second highest group to report translation service need for a service (60% for medical, 51% for dental, 48% for mental health, 40% for substance abuse and 48.3% for medication related services). Of those who mentioned needing an interpreter or translator's service, 14.3 percent received it through a friend, 16.8 percent through a relative/family member and 13.1 percent through an interpreter's help.

Table 4: Respondents Who Need Translation or Interpreter to Get Health Services	
Service Area	Percent
Medical	35.0%
Dental	31.7%
Mental Health	28.6%
Substance Abuse	26.4%
Medication	29.4%

Places of Health Care

A private physician (38.2 %) and the emergency room (23.6%) were the most frequently visited place for receiving health or medical services (Table 5). This was followed by private dentist's office (20%), Health Department Clinic (16.2), Urban Indian Medical Center (11.6 %) and Planned Parenthood Clinic (11%). Those who visited private physician's office visited an average of 5 times and those who visited health department clinic visited an average of 7 times per year. Average emergency room visit at the same time was 3 times per year.

Those who received mental health service, 6 percent received it from a private source such as from a social worker, psychologist, psychiatrist and 2.7 percent received it from a mental health center while 2.5 percent from a place of worship.

Table 5: Most Frequently Visited Place for Receiving Health or Medical Service	
Place of Health Care	Percent
Private Physician's Office	38.2%
Emergency Room	23.6%
Private Dentist's Office	20.1%
Physical Therapist	16.2%
Health Department Clinic	16.2%
Urban Indian Medical Center	11.6%
Planned Parenthood Clinic	11%
Lin Care	6.2%
Chiropractor	5.3%
University Health Care	4.5%

Health Education and Health Information.

Knowledge Related to Service

Only 23.5 percent of the respondents reported that they received medical care for dental disease followed by 10.1 percent for heart problems, 8.7 percent for diabetes and 2.6 percent for cancer. The survey showed 13 percent of women went for service related to pregnancy and 12.4 percent of parents took their children for routine child check-up service. Other most commonly received services were immunization (16.4%), preventive screenings (10.1%) mental/emotional problem (10.1%), sexual/reproductive care (9.8%), asthma/emphysema (7.1%) and tobacco use (3%).

A question was asked whether the respondents knew where to go for services related to medical, dental, mental health, substance abuse and medication. The majority of the respondents mentioned they did not know where to go for mental health and substance abuse services, 43.9% and 49% respectively. Only 21 percent and 17 percent did not know a place to go for medical problem or dental problem, respectively. More than one-fifth (22.6%) mentioned that they did not know where to go for services related to medication.

Table 6 lists the proportion of respondents of different ethnic origins who mentioned that they did not know where to go for a service. Respondents of Asian/Pacific Island origin were the highest group to indicate that they did not know where to go for service related to mental health and substance abuse, 68.7% and 78.3% respectively, followed by respondents of African Nation, 63.9% and 70.4% respectively and Latino/Hispanic origin, 53% and 54% respectively.

Table 6: Did not know where to go for service					
Services	Medical	Dental	Mental Health	Substance Abuse	Medication
Ethnicity					
American Indian	14.7%	21.3%	34.5%	28.8%	20.5%
Asian/Pacific Islander	13.5%	19.6%	68.7%	78.3%	24.8%
African American	9.5%	10.5%	30.1%	33.6%	13.4%
African Nation	44.7%	40.2%	63.9%	70.4%	38.5%
Latino/Hispanic	19.2%	22.3%	53.0%	54.3%	30.6%
Caucasian	12.7%	18.5%	35.4%	42.2%	18.4%
Bi-racial	7.1%	14.3%	9.1%	33.3%	7.7%
Other (Iraqi, Kurdish etc)	15.5%	23.7%	46.3%	62.5%	18.7%

Services that would be used in the Community

Table 7 shows Services That Would be Used by The Respondents in Their Neighborhood if they were available. The most desired service that one would use if they were available in their neighborhood was dental care (44.1%) followed by immunization (34.4 %), nutrition classes (23.6 %), children's check ups (23%), blood pressure screenings (23%), wellness classes (19%), diabetes screenings (18.4 %), emotional and minor problem counseling (17.1%), information & referral (16.8 %), birth control (16.5%), outreach services (16.2%) smoking cessation program (15.4%).

Table 8 shows ten most services that would be us if they were available in the community by respondents who fell below 125% poverty level. Services are ranked according to the response rate. Dental Care and Immunization were the top two services indicated by the respondents who fell in to this category.

Table 7: Services that Would be Used by Respondents in their Neighborhood

Service desired	Percent
Dental Care	44.1%
Immunization	34.4%
Nutrition Classes	24%
Children's Check-ups	23%
Blood Pressure Screening	23%
Wellness class	19%
Diabetes screening	18.4%
Information and referral	17%
Emotional and Mind problem (counseling)	17%
Help in Applying for and maintaining govt. assistance	16%
Birth Control	16%
Casework/Outreach services	16%
How to quit smoking	15.4%
HIV/AIDS testing	12.6%
Information about STD	12.3%
Pregnancy classes	12%
Drug Treatment	7%

Table 8: Services that Would be Used by Respondents in their Neighborhood (by 125% Poverty Level)

Rank	Desired Service	Percent
1	Dental Care	54.7%
2	Immunization	43.8%
3	Nutritional Classes	28%
4	Children's Check-ups	28%
5	Blood Pressure Screening	28%
6	Wellness classes	24.3%
7	Parenting Classes	23.2%
8	Birth Control	21%
9	Outreach Services	21%
10	Information about STD	19.3%